

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for date of service 06/04/01?
- b. The request was received on 02/21/02.

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC-60 and Letter Requesting Dispute Resolution dated 04/02/02
 - b. HCFA-1500s
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
 - a. TWCC-60 and Response to a Request for Dispute Resolution dated 03/18/02
 - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. The Commission's case file contains the provider's request for dispute resolution. The Carrier's response was received by the Commission on 03/16/02. The provider's 14 day response was received by the Commission on 04/04/02. All documentation will be reviewed. The Commission's case file does not contain documentation that the carrier received the provider's 14 day response per Commission Rule 133.307 (g)(4).

III. PARTIES' POSITIONS

1. **Requestor:** Letter dated 04/02/02,
"Since a hemicorpectomy, 63090, is documented and was performed, it is not included in the arthrodesis code 22558. The carrier is also denying code 22585 stating we should have billed this code with the appropriate modifier...Finally, 63090 hemicorpectomy is the primary procedure and should be reimbursed at 100%."

2. **Respondent:** Per the EOB, Reimbursement was denied because the services in dispute were global to another reimbursed procedure, lacked a modifier required by the Medical Fee Guideline, or were medically unnecessary.

IV. FINDINGS

- Based on Commission Rule 133.307(d) (1)&(2), the only date of service eligible for review is 06/04/01.
- The carrier's EOB has the denials; "G – ACCORDING TO THE AAOS GLOBAL SERVICE DATA FOR ORTHOPEDIC SURGERY PUBLICATION, THIS PROCEDURE IS AN INTEGRAL PART OF ANOTHER REIMBURSED PROCEDURE," "F – THE MEDICAL FEE GUIDELINE STATES IN THE IMPORTANCE OF PROPER CODING 'ACCURATE CODING OF SERVICES RENDERED IS ESSENTIAL FOR PROPER REIMBURSEMENT'," and "U – THIS SERVICE HAS BEEN DEEMED UNNECESSARY MEDICAL TREATMENT BASED ON A REVIEW OF THE CLAIM FILE, BILLING RECORDS AND WRITTEN REVIEW PROTOCOLS ESTABLISHED FOR APPROPRIATE HEALTH CARE TREATMENT."
- The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Codes	MARS	REFERENCE	RATIONALE:
06/04/01	63090	\$5,100.00	\$0.00	G	\$4,248.00	Global Service Data for Orthopaedic Surgery, 1994; MFG, SGR (I)(D)(1)(a), CPT descriptor	Medical documentation supports that the procedure was performed and billed correctly. This procedure is the primary procedure and is to be reimbursed at 100% of MAR. The procedure is not considered global to any other procedure performed and billed on the date of service in dispute. Therefore, provider is entitled to \$4,248.00 reimbursement.
06/04/01	63091	\$1,200.00	\$0.00	G	\$708.00	Global Service Data for Orthopaedic Surgery, 1994; MFG, SGR (I)(D)(2), CPT descriptor	Medical documentation supports that the procedure was performed and billed correctly. This procedure is only performed as an addition to another procedure and is to be reimbursed at 100% of MAR. The procedure is not considered global to any other procedure performed and billed on the date of service in dispute. Therefore, provider is entitled to \$708.00 reimbursement.
06/04/01	22585	\$888.00	\$0.00	F	\$637.00	Global Service Data for Orthopaedic Surgery, 1994; MFG, SGR (I)(D)(2), CPT descriptor	Medical documentation supports that the procedure was performed and billed correctly. This procedure is only performed as an addition to another procedure and is to be reimbursed at 100% of MAR. Therefore, provider is entitled to \$637.00 reimbursement.
06/04/01	63090-85	\$2,550.00	\$0.00	G	\$4,248.00	Global Service Data for Orthopaedic Surgery, 1994; MFG, SGR (I)(D)(1)(a) & (I)(D)(4), CPT & modifier descriptors	Medical documentation supports that the procedure was performed and billed correctly. This procedure is the primary procedure and is to be reimbursed at 10% of MAR with a modifier –85. The procedure is not considered global to any other procedure performed and billed on the date of service in dispute. Therefore, provider is entitled to \$424.80 (10% of MAR) reimbursement.

06/04/01	63091-85	\$600.00	\$0.00	G	\$708.00	Global Service Data for Orthopaedic Surgery, 1994; MFG, SGR (I)(D)(2) & (I)(D)(4), CPT & Modifier descriptor s	Medical documentation supports that the procedure was performed and billed correctly. This procedure is only performed as an addition to another procedure and is to be reimbursed at 10% of MAR with a -85 modifier. The procedure is not considered global to any other procedure performed and billed on the date of service in dispute. Therefore, provider is entitled to \$70.80 (10% of MAR) reimbursement.
06/04/01	22558-85	\$1,750.00	\$0.00	U	\$2,660.00	Global Service Data for Orthopaedic Surgery, 1994; MFG, SGR (I)(D)(2), CPT & modifier descriptor	Medical documentation supports that the billing of this procedure. This procedure is also subject to the multiple procedure rule. The provider is entitled to reimbursement of 10% of 50% of MAR. Therefore, the provider is entitled to \$133.00 (\$2,660.00 less 50% = \$1,330.00 x 10%).
06/04/01	22585-85	\$444.00	\$0.00	U	\$637.00	Global Service Data for Orthopaedic Surgery, 1994; MFG, SGR (I)(D)(2), CPT & modifier descriptor	Medical documentation supports that the procedure was performed and billed correctly. This procedure is only performed as an addition to another procedure and is to be reimbursed at 10% of MAR. Therefore, provider is entitled to \$63.70 reimbursement.
06/04/01	63030	\$4,300.00	\$3,035.00		\$3,035.00	Global Service Data for Orthopaedic Surgery, 1994; MFG, SGR (I)(D)(2), CPT descriptor	This CPT code is not listed on the TWCC-60, but is on the HCFA-1500 and EOB. The EOB indicates the carrier reimbursed this procedure at 100% of MAR. In review of the entire bill, the Medical Fee Guideline would indicate that this CPT code is subject to the multiple procedure rule and should be reimbursed at 50% of MAR. The carrier has reimbursed 100% of MAR and is due a credit of \$1,517.50 (\$3,035.00 reimbursed less 50%).
06/04/01	22558-65	\$3,500.00	\$1,995.00		\$2,660.00	Global Service Data for Orthopaedic Surgery, 1994; MFG, SGR (I)(D)(2), CPT descriptor	This CPT code is not listed on the TWCC-60, but is on the HCFA-1500 and EOB. The EOB indicates the carrier reimbursed this procedure at 75% of MAR. due to the -65 modifier. This CPT code is also subject to the multiple procedure rule and reimbursement should be 75% of 50% of MAR. The Carrier has reimbursed \$1,995.00, the correct amount of reimbursement is \$997.50 (\$2,660.00 less 50% = \$1,330.00 times 75%). Therefore, the carrier is entitled to credit of \$997.50.
Totals		\$20,332.	\$5,030.00				The Requestor entitled to reimbursement in the amount of \$3,770.30.

The above Findings and Decision are hereby issued this 18th day of April 2002.

Larry Beckham
Medical Dispute Resolution Officer
Medical Review Division

VI. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$3,770.30 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 18th day of April 2002.

Carolyn Ollar, RN, BA
Medical Dispute Resolution Officer
Medical Review Division

CO/lb

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.